



PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/074,155	
	Filing Date	2/12/2002	
	First Named Inventor	Klundt	
	Art Unit	3677	
	Examiner Name	Mitchell	
Total Number of Pages in This Submission	9	Attorney Docket Number	CA261-000CA-U

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Patent Application Fee Determination
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Record and Return postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

RECEIVED

JAN 21 2004

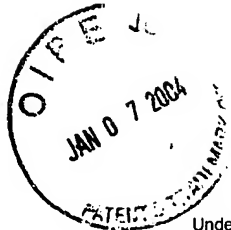
GROUP 3600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David W. Nagle, Jr.
Signature	
Date	January 5, 2004

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Memorie Stofferahn
Signature	
Date	January 5, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



41

10/074155

3677

\$

PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number	
Substitute for Form PTO-875						CA 261/000CA-U	
<b>CLAIMS AS FILED - PART I</b>						<b>SMALL ENTITY</b> OR <b>OTHER THAN SMALL ENTITY</b>	
(Column 1)		(Column 2)					
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE	RATE	FEE
BASIC FEE (37 CFR 1.16(a))					\$ 370.		\$
TOTAL CLAIMS (37 CFR 1.16(c))	20 minus 20 =	0		x \$ =	0	x \$ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3 minus 3 =	0		x \$ =	0	x \$ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				0	+	\$ =	
				TOTAL	370.00	TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2.							
<b>CLAIMS AS AMENDED - PART II</b>						<b>SMALL ENTITY</b> OR <b>OTHER THAN SMALL ENTITY</b>	
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	* 19 Minus ** 20 =	0		x \$ =	0	x \$ =	
Independent (37 CFR 1.16(b))	* 3 Minus *** 3 =	0		x \$ =	0	x \$ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+	\$ =	+	\$ =
				TOTAL ADD'L FEE	0	TOTAL ADD'L FEE	
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	* 19 Minus ** 20 =	0		x \$ =	0	x \$ =	
Independent (37 CFR 1.16(b))	* 3 Minus *** 3 =	0		x \$ =	0	x \$ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+	\$ =	+	\$ =
				TOTAL ADD'L FEE	0	TOTAL ADD'L FEE	
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	* 15 Minus ** 20 =	0		x \$ =	0	x \$ =	
Independent (37 CFR 1.16(b))	* 4 Minus *** 3 =	1		x \$ 43. =	43.00	x \$ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+	\$ =	+	\$ =
				TOTAL ADD'L FEE	43.00	TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 15 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED  
JAN 21 2004  
GROUP 3600



## IN THE U.S. PATENT AND TRADEMARK OFFICE

U.S. Patent Application S.N. 10/074,155

Title: COMBINATION RING AND OBJECT HOLDER WITH INTEGRAL SPRING  
Inventor(s): KLUNDT  
Filed: 02/12/2002  
Group Art Unit: 3677  
Examiner: MITCHELL

**RECEIVED**  
JAN 21 2004  
**GROUP 3600**

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Assistant Commissioner of Patents, Washington D.C.

20231, on January 5, 2004.  
Name Memorie Stofferahn  
Signature Memorie Stofferahn

01/09/2004 HALLI11 00000035 10074155

01 FC:2202

45.00.00

AMENDMENT PURSUANT TO 37 CFR § 1.111

Assistant Commissioner of Patents  
Washington, D.C. 20231

Sir:

This Amendment is being filed in response to the Office Action dated December 24, 2003.

Please cancel claims 14, 15, 17, and 19, and amend claims 16, 18, and 20 as set forth below. This listing of claims will replace all prior versions and listings of claims in the application.